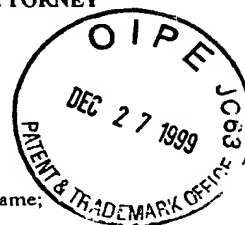


COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 1)



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DISTRIBUTED OFFICE SYSTEM AND MANAGEMENT METHOD THEREOF

the specification of which ☐ is attached hereto ☒ was filed on October 6, 1999 as United States Application No. or PCT International Application No. 09/413,642 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	(Yes/No) Priority Claimed
JAPAN	10-297606	6 October 1998	Yes
JAPAN	11-283885	5 October 1999	Yes

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor KEN SAKAKIBARA
Inventor's signature Ken Sakakibara
Date November 2, 1999 Citizen/Subject of JAPAN
Residence 6-39-601, Yashio 5-chome, Shinagawa-ku, Tokyo, Japan

Post Office Address c/o Canon Kabushiki Kaisha
30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Second Joint Inventor, if any TOSHIHIRO KIMURA
Second Inventor's signature Toshihiro Kimura
Date November 11, 1999 Citizen/Subject of JAPAN
Residence 1-15-301, Nakamachi 2-chome, Machida-shi, Tokyo, Japan

Post Office Address 1-15-301, Nakamachi 2-chome, Machida-shi, Tokyo,
Japan

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
(Page 2)

CFO 13892 US

Full Name of Third Joint Inventor, if any YOSHIHISA TADOKORO

Third Inventor's signature Yoshihisa Tadokoro

Date November 4, 1999 Citizen/Subject of JAPAN

Residence 3-5, Tadao 4-chome, Machida-shi, Tokyo, Japan

Post Office Address c/o Canon Kabushiki Kaisha

30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fourth Joint Inventor, if any MASAMI KATO

Fourth Inventor's signature Masami Kato

Date November 4, 1999 Citizen/Subject of JAPAN

Residence 7-14-307, Higashi Fuchinobe 3-chome, Sagamihara-shi,
Kanagawa-ken, Japan

Post Office Address c/o Canon Kabushiki Kaisha

30-2, Shimomaruko 3-chome, Ohta-ku, Tokyo, Japan

Full Name of Fifth Joint Inventor, if any _____

Fifth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Sixth Joint Inventor, if any _____

Sixth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Seventh Joint Inventor, if any _____

Seventh Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____

Full Name of Eighth Joint Inventor, if any _____

Eighth Inventor's signature _____

Date _____ Citizen/Subject of _____

Residence _____

Post Office Address _____